

**NATIONAL ENHANCED MANDATORY SURVEILLANCE OF
STAPHYLOCOCCUS BACTERAEMIA INFECTIONS**

IN STRICT CONFIDENCE

Please tick boxes or write in the white space(s) provided (see notes on page 3)

PATIENT DETAILS

Patient's initials: Patient's surname:
 NHS number: Hospital number:
 Date of birth: Sex: Male: Female: Unknown:
 Date specimen taken: Lab number:

SPECIES

Staphylococcus data collection
 MRSA MSSA
 Staphylococcus aureus Staphylococcus schweitzeri
 Staphylococcus argenteus

Episode category: New infection: Repeat/Relapse:
 (please tick one option) Continuing infection: Unknown:
 Is patient on dialysis: Yes: Acute RF: Yes: Established RF: No: Unknown:

ADMISSION DETAILS

Patient category: In-patient: Emergency assessment: Regular attender:
 (please tick one option) Day patient: A & E only: Other:
 Outpatient:
 If Other:
 If patient admitted complete this section
 Admitted this episode: Yes: No: Unknown: Date of admission:
 Admission method: Not applicable: Planned (deferred):
 (please tick one option) Unknown: Emergency:
 Waiting list: Other (inc. maty):
 On dialysis:
 Main speciality:
 Treatment speciality:
 Augmented care:

Provenance of patient: Home: Private hospital: Mental health hospital:
 (please tick one option) Hospital: Temporary accommodation: Not known:
 Nursing/residential home: Penal establishment: Other:
 Community hospital: Non-UK resident:

If hospital; hospital name:
 If Other; Location:
 If non UK country:
 Additional comments:

PRIOR TRUST EXPOSURE

Has the patient been discharged from an elective or emergency hospital admission in the reporting trust in the last 28 days? Yes No Don't Know
 Please Provide the date of discharge for the most recent elective or emergency hospital admission prior to the patient's positive specimen

SOURCE

Primary focus of bacteraemia: (Please tick one option)

No clinical signs of bacteraemia	<input type="checkbox"/>	Ventilator associate pneumonia	<input type="checkbox"/>
No underlying focus of infection	<input type="checkbox"/>	Skin/soft tissue	<input type="checkbox"/>
CVC associated	<input type="checkbox"/>	(including ulcers, cellulitis, diabetic foot infections without OM)	<input type="checkbox"/>
Dialysis line	<input type="checkbox"/>	Other	<input type="checkbox"/>
Endocarditis	<input type="checkbox"/>	Unknown:	<input type="checkbox"/>
Osteomyelitis	<input type="checkbox"/>		
PVC associated	<input type="checkbox"/>		
Prosthetic joint infection	<input type="checkbox"/>	Certainty (Please tick option)	
Septic arthritis	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
SSI	<input type="checkbox"/>	Certain	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	Highly likely	<input type="checkbox"/>
Tunnelled IV line	<input type="checkbox"/>	Probably	<input type="checkbox"/>
UTI	<input type="checkbox"/>	Possibly	<input type="checkbox"/>

ASSOCIATED CLINICAL INFECTIONS (Please tick one option)

- None
- Leg Ulcer
- Other Skin/soft tissue
- UTI
- Meningitis
- URTI
- Bone and joint
- Sepsis
- Pressure sore
- SSI

- Gastro
- Thrombophlebitis
- Line site
- Endocarditis
- Visceral abscess
- Biliary
- Not significant
- Unknown
- LRTI
- Other

Certainty (Please tick option)

- Unknown
- Certain
- Highly likely
- Probably
- Possibly

INPATIENT DETAILS

For inpatients, what speciality was the infection thought to have been acquired in (Augmented Care)?

(please tick one option)

- Neurological ICU
- Combined HDU and ICU
- HDU
- Post operative recovery unit
- Burns critical care unit
- Neonatal ICU
- Combined HDU and CCU
- Paediatric HDU
- Renal unit
- Liver ICU

- Liver unit
- Cardiac care unit or coronary care unit (ICU)
- Spinal injury ICU
- Cardio intensive ICU
- Liver unit
- Paediatric ICU
- Other
- Not applicable
- Unknown
- Cardiothoracic unit

Date from

Date to

RISK FACTORS AND TREATMENT

Pre-disposing Factors

Were there any pre-disposing risk factors for the bacteraemia?

- Yes
- No
- Unknown
- Unassessed

If 'Yes' please complete the below

- Immunosuppressed Yes No Unknown
- IV drug user Yes No Unknown
- Liver disease Yes No Unknown
- Peripheral IV device Yes No Unknown
- Other risk factor
- Prosthesis Yes No Unknown
- Surgical wound Yes No Unknown
- Urinary catheter Yes No Unknown
- Other Yes No Unknown
- Assisted ventilation (past 7 days) Yes No Unknown
- Assisted ventilation (Current) Yes No Unknown
- Central IV device Yes No Unknown
- Diabetic Yes No Unknown
- Has the patient been on anti-cancer chemotherapy in 28 days prior to date of specimen date? Yes No Unknown

Prior S.Aureus History

- None
- Unknown
- MRSA bacteraemia
- MRSA infection
- MRSA colonised
- MSSA bacteraemia
- MSSA infection
- MSSA colonised
- Other

- When
- Last 7 days
 - 1-4 weeks
 - 1-2 months
 - 2-3 months
 - >3 months
 - Unknown

Treatment of bacteraemia

- Remove IV device
- Remove catheter
- Drain wound
- Surgery
- Antibiotic therapy
- Other

Please tick all that apply

ANTIBIOTICS

Number of antibiotic courses:
prescribed 28 days prior

Antibiotic Name	Indication	Date Started	Date
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy

On completion please transfer this information to the mandatory surveillance of *Staphylococcus aureus* bacteraemia surveillance system at:
<https://hcaidcs.phe.org.uk/WebPages/GeneralHomePage.aspx>
<https://hcaidcs.phe.org.uk>

Guidance on the completion of the form

Please complete one reporting form for each case diagnosed on or after the 1st October 2005 in England meeting the following case definition of MRSA bacteraemia and January 2011 for MSSA bacteraemia.

1. All laboratory confirmed cases of MRSA/MSSA bacteraemia
2. This includes all MRSA/MSSA positive blood cultures identified within each trust, whether clinically significant or not, whether treated or not, whether acquired in the Trust providing the testing or not.
3. All cases should be reported regardless of location or origin of the patient at the time the specimen was taken i.e. regardless of whether the patient was in a hospital or another setting; this includes blood cultures taken within 3 days of admission to hospital and cases amongst Welsh patients diagnosed in English laboratories.
4. Positive blood cultures taken within 14 days of the first sample should not be reported as they are considered to be the same episode, unless a negative blood culture has been obtained in the interim period. Positive blood cultures taken more than 14 days after the first sample of each episode should be reported, as these are considered to be part of a new episode.
An "episode" relates to the 14 day period following the initial specimen (or subsequent specimens each greater than 14 days from the previous).

Definitions

Patient Detail information should be completed by the microbiologist on identification of an *Staphylococcus* positive blood culture.

Episode Category: This allows the user to indicate whether the record applies to a new infectious episode; a continuing infection or whether the patient has suffered a repeat infection or relapse.

- **New infection** - is the first positive for a patient or an episode after 3 months without positive blood cultures
- **Continuing infection** - is for a result where the patient has had on-going positive blood cultures but is >14 days since the initial positive so is counted as a new episode.
- **Repeat/relapse** - patient has had positive blood cultures in the past 3 months but with negative blood cultures up to this positive result.

Dialysis: Record whether the patient was dependent on renal dialysis at the time the specimen was taken and if so which type of dialysis (established RF if patient was dialysis dependent prior to current admission).

Patient Category: Identifies the category of patient at the time the specimen was taken.

- **In - patient** – a patient already admitted to hospital at the time the specimen was taken
- **Outpatient** – a patient who is not admitted and was receiving outpatient care at the time the specimen was taken.
- **A&E only** – a patient who was receiving care in an A&E department when the specimen was taken irrespective of whether they were subsequently admitted.
- **Emergency assessment** – a patient receiving care on a non admissions ward at the time the sample was taken; in an emergency assessment unit.
- **Regular attender** – patients who make regular visits to hospital, for broadly similar treatment, and are discharged the same day; such as patients on dialysis or plasmapheresis.
- **Day patient** - patients who were attending a hospital and admitted as a day case when the specimen was taken. A day patient is a patient who attends a hospital without overnight stay. Day patients may be distinguished from outpatients in that their attendance at a day hospital is planned, usually lasts for at least half a day, and does not require use of an overnight bed.

Any subsequent location of the patient after the sample was taken is not relevant here (for example if the patient was admitted after having a sample taken in A&E, the patient category is still "A&E only")

Admitted this episode: Admission method indicates the primary reason why a patient is admitted for in - patient or day patient care.

One of the following should be selected:

- **Waiting list** - A waiting list admission occurs when a patient whose name was on an inpatient or day case waiting list for the specialty is admitted to that specialty as planned
- **Emergency** - An emergency admission occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor. The patient may or may not be admitted through Accident & Emergency
- **Planned (deferred)** - A patient admitted as planned to the specialty as an inpatient or day patient. A deferred admission occurs when a patient whose name was on the deferred admission waiting list for the specialty, is admitted, as planned, to the specialty as an inpatient or day patient
- **Other** – any other type of admission including maternity and neonatal admissions and transfer from another provider

Specialty: Records the specialty of the consultant the patient was under at the time the specimen was taken

Provenance of Patient: Records where the patient was located prior to this hospital admission, such as home (normal place of residence), other hospitals or abroad.

Source of bacteraemia and associated infections: The anatomical location / system believed by the microbiologist attending to the patient to be the most likely, on the basis of their clinical judgement, initial primary focus or source of the infection. Secondary sites resulting from a complication are not included. Provides information on infection site, when patient has co-infection with the same organism. Only one can be selected for each.

Risk Factors:

- **Vascular device:** Any device inserted into peripheral or central vascular sites, up to 14 days prior to infection, with the intention of being left in situ for > 1 hour. Excludes intravenous injections or venepuncture for blood samples
- **Surgical wound:** The patient had an unhealed wound at time of onset of bacteraemia
- **Assisted ventilation:** Any mechanical ventilation through a tracheostomy or by endotracheal intubation. Note: Lung expansion devices such as intermittent positive-pressure breathing (IPPB); nasal positive end-expiratory pressure (PEEP); and continuous nasal positive airway pressure (CPAP, hippocamp) are not considered ventilators unless delivered via tracheostomy or endotracheal intubation (e.g., ET-CPAP)
- **Neutropoenia:** absolute neutrophil count < 1500 per microliter
- **Wound/ulcer:** A break in the skin or mucus membrane of sufficient depth to have caused bleeding. Ulcers are wounds that have failed to heal with necrosis of involved tissues
- **Urinary catheter:** Urinary catheter inserted and left in for any duration up to 14 days prior to the date of onset of infection
- **Prosthesis:** Prosthesis or implant intended to be left in for >1 day, inserted within 1 year of onset of infection. e.g. pacemaker, surgical mesh or patch, aortic valve replacement, surgical drain
- **Person who injects drugs:** Patient injects non-medically sanctioned psychoactive, including but not limited to, opioids, amphetamines and cocaine. Injection may be through intravenous, intramuscular, subcutaneous or other routes. Does not include injectors of non-psychoactive drugs such as steroids for body shaping or improving athletic performance
- **Immunosuppressed:** The patient has received therapy that suppresses resistance to infection, e.g. immunosuppression, chemotherapy, radiation, long-term or recent high dose steroids, or has a disease that is sufficiently advanced to suppress resistance to infection, e.g. leukaemia, lymphoma, AIDS
- **Diabetic** : Patient has ever had a diagnosis of type I or type II diabetes